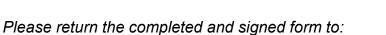
PROFESSIONAL STANDARDS DIVISION

CITIZEN'S COMPLAINT FORM



Complainant's Name:					
Address:	-				
			STATE: ZIP:		
Номе Рноме:	Мовіці	E:			
Емаіі:					
Today's Date://_					
DATE OF OCCURRENCE:	_//	Тіме:	_:	_A.M. / P.M.	
Names & Badge Numbers	OF ECSO EMP	PLOYEES	Ιννοι	VED (IF KNOWN)
Name:			Ваг	OGE #:	
Name:			Ваг	OGE #:	
Name:			Ваі	DGE #:	
DETAILS OF INCIDENT: (PLEAS LOCATIONS & OTHER FACTS TO SUF			. INFO A	AS POSSIBLE E.G.	WITNESSES,
NOTE: PLEASE ATTACH ADDITIONAL SH	EETS IF NECESSARY				



ECSO PSD 134 W. Eagle St, 4th Floor

PSD@erie.gov

-OR Fax 716.858.6630

COMPLAINANT'S SIGNATURE

Buffalo, New York 14202

